

**CITY OF WILLOUGHBY HILLS
CONTRACTOR INFORMATION FOR
CITY INCOME TAX AND NET PROFIT TAX**

Date: _____

Federal ID/Social Security No.: _____

Company Name: _____

Owner/Employee Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Alternate Phone (i.e. cell, pager)

JOB INFORMATION:

Permit No: _____

Jobsite Address: _____

As the contractor, will your company be withholding local income tax from all employees on the job, for the City of Willoughby Hills:

☐ Yes

☐ No (If checked, please list all your subcontractors on back of this form)

PENALTY: Any attempt to do anything whatever to avoid payment of the whole or any part of the tax, penalties, interest imposed by Chapter 185 - Income Tax of the Codified Ordinances of the City of Willoughby Hills, shall be fined not more than five hundred dollars (\$500.00), or imprisoned not more than six months, or both.

Please Initial _____